



Arkansas State Board of Pharmacy
101 East Capitol, Suite 218
Little Rock, AR 72201
501-682-0190
<http://www.arkansas.gov/asbp>

AFFIDAVIT OF EXPERIENCE

Preceptor Name: _____ Arkansas Lic#: _____

Intern Name: _____ Intern Lic#: _____

This is to certify that I have provided immediate personal and direct physical supervision of the intern named on this affidavit. My evaluation of this intern is provided in the following section.

Preceptor signature: _____

	Description	Adequate	Not Adequate	Not Applicable
1.	Maintains patient information consistent with Regulation 09-00-0001(a)	[]	[]	[]
2.	Monitors and evaluates therapy consistent with Regulation 09-00-0001 (b)	[]	[]	[]
3.	Appropriately counsels patients about legend drugs consistent with Regulation 09-00-0001(c)	[]	[]	[]
4.	Effectively counsels patients about legend drugs consistent with Regulation 09-00-0001(d)	[]	[]	[]
5.	Maintains professional and ethical standards	[]	[]	[]
6.	Communicates with health care professionals	[]	[]	[]
7.	Communicates with patients on selection of OTC drugs and medical/surgical supplies.	[]	[]	[]
8.	Provides emergency pharmacy services	[]	[]	[]
9.	Complies with drug product selection law and regulation	[]	[]	[]
10.	Compounds prescriptions	[]	[]	[]
11.	Dispenses prescriptions	[]	[]	[]
12.	Manages pharmacy personnel	[]	[]	[]
13.	Provides general public health and civic responsibilities	[]	[]	[]
14.	Manages pharmacy operations	[]	[]	[]

Intern Name: _____ Intern Lic#: _____

Please fill in the beginning and ending date of each week worked, and the total number of hours worked as an intern under the immediate personal and direct supervision of the preceptor of record.				Put a check mark in the appropriate time category below for each week worked			
Week	Start Date MM/DD/YYYY	End Date MM/DD/YYYY	Number of Hours Worked*	Summer Break	Winter or Spring Break	During School**	After Senior Rotations or After Graduation
Week 1				[]	[]	[]	[]
Week 2				[]	[]	[]	[]
Week 3				[]	[]	[]	[]
Week 4				[]	[]	[]	[]
Week 5				[]	[]	[]	[]
Week 6				[]	[]	[]	[]
Week 7				[]	[]	[]	[]
Week 8				[]	[]	[]	[]
Week 9				[]	[]	[]	[]
Week 10				[]	[]	[]	[]
Week 11				[]	[]	[]	[]
Week 12				[]	[]	[]	[]
Week 13				[]	[]	[]	[]
Week 14				[]	[]	[]	[]
Week 15				[]	[]	[]	[]
Week 16				[]	[]	[]	[]
Week 17				[]	[]	[]	[]
Week 18				[]	[]	[]	[]
		Total Hours					

* Hours worked may exceed 40 hours per week, but credit for experience hours cannot exceed 40 hours per week

** Hours worked during school are not counted as experience hours

Note: Only hours worked under the immediate personal and direct physical supervision of the preceptor of record count as experience hours.

This intern appeared to be of good moral character, not addicted to the use of alcoholic liquor or narcotic drugs, and worthy to be licensed as a pharmacist pursuant to law.

Preceptor Signature_____
Pharmacy Name (Please Print)_____
Date Signed_____
Pharmacy License No.

I attest that the information contained on this affidavit is true and accurate.

Intern Signature: _____ Date: _____